



Town of Chatham
Department of Public Works
Highway Division



221 Crowell Road Chatham, MA. 02633

(508) 945-5155 -- office

(508) 945-5157 -- fax

EXCAVATION / TRENCH PERMIT APPLICATION

(\$50.00 Permit Fee)

LOCATION:

Location of Excavation/Trench (attach sketch): _____
Dig Safe Number: _____ Date of Excavation (24 hours notice required): _____
Is the pavement to be cut? _____ Size of pavement cut: _____
Purpose of Excavation: _____

Name of Property Owner: _____
Address: _____ Phone # _____

CONTRACTOR:

Excavator Name: _____ Phone # (24 Hours) _____
Address: _____ Fax # _____

Name of Competent person (approved by Chatham Highway Dept): _____

Name of Equipment Operator(s): _____
Hoisting License number of operator(s): _____
Hoisting License grade of operator(s): _____
Hoisting License expiration date(s): _____

Name of insurer: _____
Address: _____ Phone # _____

Attach a copy of the copy of the Certificate of Insurance to this permit application form.
Upon Completion of job, send the "Completion Notice" to the Chatham Highway Department.

Persons engaging in any trenching operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 *et. seq.*, entitled Subpart P Excavations. By applying for, accepting and signing this permit, the applicant attests to the following: (i) that he has read and understood the regulations promulgated by the Department of Public Safety with regard to trench safety; (ii) that he has read and understood the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 *et. seq.*, entitled Subpart P "Excavations".

Signature of Applicant: _____ Phone # _____

Office Use Only

Date Permit Issued: _____ Expiration Date: _____ Permit: # _____ Check: # _____

Conditions: _____

OR

JEFFREY COLBY -- Highway Superintendent

PAUL WHITE - Highway Supervisor